

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use a paper clip to attach the photo.



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS
124 HALSEY STREET, 3RD FLOOR, P.O. BOX 45015
NEWARK, NEW JERSEY 07101
(973) 504-6460

Application
number _____
Date _____, _____

Professional Engineer Application

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." Your address of record will appear on your license or certificate and is public information. If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name ☐ Mr. _____
☐ Mrs. _____ (_____)
☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. *Social Security Number: _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the H.I.P. Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings.

I, _____ ,
Applicant's signature

☐ Consent ☐ Do Not Consent

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the B.C.I.S. at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as a professional engineer” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a professional engineer and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a professional engineer, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
9. Have you ever been disciplined or denied a professional license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
10. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
12. Have you ever been named as a defendant in any litigation related to the practice of professional engineering or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of professional engineering or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 9 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

PRESENT LICENSE STATUS

- A. Do you currently have on file, or have you ever filed, an application to become a professional engineer in any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” please provide the name of the state(s) or jurisdiction(s) and the reason you are now applying to New Jersey.

- B. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

| Type of license or certificate | License number | State or jurisdiction that issued the license | Date issued/expired | Oral or written examination | Received license through: | | |
|--------------------------------|----------------|---|---------------------|-----------------------------|---------------------------|--------------------------------|-------------|
| | | | | | Grandfathering | Endorsement/Comity/Reciprocity | Examination |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

1. If you have an engineering license in a different state or jurisdiction, is your license active and in good standing? ☐ Yes ☐ No

If “No,” why? _____

- C. Have you passed any portion of the engineer’s examination in any other state or jurisdiction? ☐ Yes ☐ No

| Exam | State | Number of hours | Date | Certificate number/ License number (if applicable) |
|---|---------|-----------------|------|---|
| Fundamentals of Engineering Examination | | | | |
| Principles and Practices of Engineering Examination | | | | |
| N.J. Law Examination | XXXXXXX | XXXXXXX | | XXXXXXX |

Out-of-state license verification will be requested by this Board.

- D. Do you currently have on file, or have you ever filed, an application to become a professional engineer in New Jersey? ☐ Yes ☐ No

If the answer to the above question is “Yes,” please indicate the application number. _____

- E. Do you currently have on file a New Jersey engineer-in-training application? ☐ Yes ☐ No

If the answer to the above question is “Yes,” please indicate the application number. _____

- F. Do you currently have on file a New Jersey engineer-in-training certificate? ☐ Yes ☐ No

If the answer to the above question is “Yes,” please indicate the certificate number. _____

- G. Are you applying for reinstatement of your license for failure to renew within five (5) consecutive years? ☐ Yes ☐ No

DETAILED STATEMENT OF EXPERIENCE

(Fill out completely - do not refer to other forms, etc.)

| Engagement number | Date, Month, Year From-To | DESCRIPTION OF EXPERIENCE For each engagement, list the experience in chronological order (starting with the first position you held) in the following format: a) Title of your position; b) Name and address of your employer; c) Name, address and license number of your immediate supervisor. (If your supervisor is or was not a licensed professional engineer, then also furnish the name of the licensed professional engineer under whose supervision you were employed for each engagement.); and d) Character of engagement. Describe and distinguish design work and other engineering work and specific projects explicitly in outlined statements; include the complexity of the work and duties and the degree of responsibility, and also state the time spent in design and other engineering work for each engagement, omitting any time spent doing non-engineering work. | Design Experience | | Other Engineering Experience | |
|-------------------|------------------------------------|--|--|--------|------------------------------|--------|
| | | | (Experience must have been gained while under licensed supervision.) | | | |
| | | | Years | Months | Years | Months |
| | | | | | | |

(Use a separate sheet of paper if needed.)

REFERENCES OF CHARACTER AND QUALIFICATIONS

Give the name and address of five references who are not related to you. Three of these references must hold a valid United States professional engineer's license and have knowledge of your experience, and they also must certify the minimum number of years of required experience. Upon receipt of the reference forms, you must distribute one form to each individual listed as a reference together with copies of your "Detailed Statement of Experience." No member of the Board will be accepted as a reference. The signature of each person used as a reference is not required below. (Fill out completely - do not refer to other forms, etc.)

| Name | Address | Licensed in the state of: | License number | Familiar with work in engagement listed on previous page |
|------|---------|---------------------------|----------------|--|
| | | | | Number |
| | | | | Number |
| | | | | Number |
| | | | | Number |
| | | | | Number |

EDUCATION (Fill out completely - do not refer to other forms, etc. *Please take note of the transcript requirement below.)

| Name and location of institutions | Full-Time | Part-Time | Years from-to | Date graduated | Curriculum | Degree received |
|-----------------------------------|-----------|-----------|---------------|----------------|------------|-----------------|
| Undergraduate* | | | | | | |
| Postgraduate* | | | | | | |

**An official transcript with the application number on it must be submitted to the Board office directly from the institution. This requirement also applies to applicants educated in foreign countries.*

FOR OFFICE USE ONLY

[illegible]

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the State Board of Professional Engineers and Land Surveyors for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Professional Engineers and Land Surveyors, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:8-27 et seq., together with the Rules and Regulations of the State Board of Professional Engineers and Land Surveyors, N.J.A.C. 13:40-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here